

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	1-19-01
FORMALITY REVIEW			2-1-01
RESPONSE FORMALITY REVIEW	sign	657	5/10/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	9-8-03
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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36	✓
37	✓
38	✓
39	✓
40	✓
41	2
42	2
43	2
44	2
45	2
46	2
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50	2

Claim	Date
Final	
Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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